



# STATEMENT

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I, \_\_\_\_\_, reside at

\_\_\_\_\_  
(number) (street) \_\_\_\_\_ in the

City of \_\_\_\_\_, County of \_\_\_\_\_

State of \_\_\_\_\_, ZIIP code of \_\_\_\_\_

My telephone is - Area code (\_\_\_\_) \_\_\_\_\_

I have been employed by \_\_\_\_\_

located at \_\_\_\_\_  
(number) (street) (city) (state ZIP+4)

Office telephone - Area code (\_\_\_\_) \_\_\_\_\_, My job classification

is (was) \_\_\_\_\_

## Statement:

I hereby depose and say: \_\_\_\_\_

**STATEMENT (CONTINUED)**

Statement of \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ pages

[illegible]

**STATEMENT** (*affirmation*)

Statement of \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ pages

**Witness:**

- ☐ I request my identity not be disclosed.
- ☐ My identity may be disclosed upon request.

I understand that, if I request confidentiality, my identity will be held in confidence until such time as I may be called to testify in a court proceeding, at which time it may be produced upon demand of opposing counsel. Additionally, this entire statement may be made available to other agencies if it will assist them in the performance of their statutory functions. This statement may be subject to disclosure only in accordance with applicable statutes such as WISHA, the Washington Public Disclosure Act and agency policy. I also understand that RCW 49.17.160 of the Washington Industrial Safety and Health Act (WISHA) prohibits my employer from discriminating against me in any way because I have voluntarily furnished this information to the Department of Labor and Industries. If such discrimination or retaliation by my employer occurs as a result of my making a statement, I may file a WISHA discrimination complaint with the department.

I declare under penalty of perjury of the laws of the state of Washington that the foregoing is true and correct. I also understand that I may be criminally prosecuted pursuant to RCW 49.17.190 (2) for false statements.

Date	Name (printed)	Signature
Address, City, State and ZIP where signed		
Phone (      )		

**Signature witnessed by:**

Date	Name (printed)	Signature
Title		